

**Department of Homeland Security**  
**Federal Law Enforcement Agencies**  
**PROCESS RECEIPT AND RETURN**

|   |   |   |  |
|---|---|---|--|
| <b>PLAINTIFF</b><br><b>UNITED STATES OF AMERICA</b>   |   | <b>COURT CASE NUMBER</b><br><b>08 CR 63-1</b>   |  |
| <b>DEFENDANT JOSE DOMINGO-CASTRO</b>  |   | <b>TYPE OF PROCESS PUBLICATION/ PRELIMINARY ORDER OF FORFEITURE</b>   |  |
| <b>SERVE<br/>AT</b>   | Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize<br><b>PATRICK EAMON BOYLE, ESQ., Attorney for JOSE DOMINGO-CASTRO</b> |   |  |
|   | Address (Street or RFD / Apt. # / City, State, and Zip Code)<br><b>155 North Michigan Avenue, Suite 562, Chicago, Illinois 60601</b>                              |   |  |
| <b>Send NOTICE OF SERVICE copy to Requester:</b><br><b>PATRICK J. FITZGERALD, UNITED STATES ATTORNEY</b><br><b>OFFICE OF THE UNITED STATES ATTORNEY</b><br><b>219 SOUTH DEARBORN STREET, 5TH FLOOR,</b><br><b>CHICAGO, ILLINOIS 60604</b><br><b>ATTN: GREG J. DEIS, AUSA</b>  |   | Number Of Process To Be Served In This Case.  |  |
|   |   | Number Of Parties To Be Served In This Case.  |  |
|   |   | Check Box If Service Is On USA  |  |
| SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)<br><br><b>PLEASE SERVE VIA CERTIFIED MAIL.</b>  |   |   |  |
| Signature of Attorney or other Originator requesting service on behalf of<br><b>MARSHA McCLELLAN, AUSA</b>  |   | <input checked="" type="checkbox"/> Plaintiff<br><input type="checkbox"/> Defendant                                     | Telephone No.<br><b>(312)353-5300</b><br><br>Date<br><b>6/20/08</b>                |
|   |   |   |  |
|   |   |   |  |
| SIGNATURE OF PERSON ACCEPTING PROCESS: <i>Robert W. Watson</i>  |   |   | Date   |
| <b>SPACE BELOW FOR USE OF HOMELAND SECURITY LAW ENFORCEMENT AGENCY</b>  |   |   |  |
| I acknowledge receipt for the Total # of Process Indicated.   | District of Origin No. _____  | District to Serve No. _____   | SIGNATURE OF AUTHORIZED AGENCY OFFICER:  |
| Date  |   |   |  |
| I hereby Certify and Return That I <input checked="" type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below. |   |   |  |
| <input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.   |   |   |  |
| NAME & TITLE of Individual Served If not shown above:   |   | <input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode. |  |
| ADDRESS: (Complete only if different than shown above.)   |   | Date of Service<br><br><b>JUL 09 2008</b>   | Time of Service <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |
|   |   | Signature, Title and Agency <i>Greg J. Deis / Legal / CBP</i>   |  |
| <b>REMARKS:</b><br><i>Ser + certified mail return receipt requested.</i>  |   |   |  |
| Prepared by M. Watson   |   |   |  |

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|--|---|--|
| <p>1. Article Addressed to:</p> <p>Patrick Eamon Boyle, Esq.<br/>att'y for Jose Domingo - Castro<br/>155 N. Michigan Ave., Suite 560<br/>Chicago, IL 60601</p> |  | <p>A. Received by (Please Print Clearly) <u>Heidi Brandiss</u> B. Date of Delivery <u>7-11-08</u></p> <p>C. Signature <u>Heidi Brandiss</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> |  |
| <p>2. Article Number ( <u>7006 2760 0001 2324 4086</u> )</p>   |  | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>  |  |
| <p>PS Form 3811, July 1999</p>   |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>   |  |

102593-00-M-0952

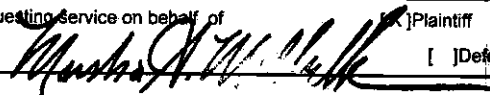
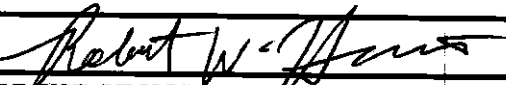
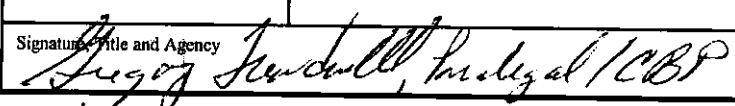
Domestic Return Receipt

PS Form 3811, July 1999

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**PROCESS RECEIPT AND RETURN**

|  |  |  |   |
|--|--|--|---|
| <b>PLAINTIFF</b><br>UNITED STATES OF AMERICA   |  | <b>COURT CASE NUMBER</b><br>08 CR 63-2   |   |
| <b>DEFENDANT</b> BORIS CHINCHILLA-LINARES  |  | <b>TYPE OF PROCESS</b> PUBLICATION/ PRELIMINARY ORDER OF FORFEITURE  |   |
| <b>SERVE<br/>AT</b>  | Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize<br><b>KEITH J. SCHERER., Attorney for BORIS CHINCHILLA-LINARES</b> |  |   |
|  | Address (Street or RFD / Apt. # / City, State, and Zip Code)<br><b>6585 North Avondale Avenue, Suite #D, Chicago, Illinois 60631</b>                           |  |   |
| <b>Send NOTICE OF SERVICE copy to Requester:</b><br><b>PATRICK J. FITZGERALD, UNITED STATES ATTORNEY</b><br><b>OFFICE OF THE UNITED STATES ATTORNEY</b><br><b>219 SOUTH DEARBORN STREET, 5TH FLOOR,</b><br><b>CHICAGO, ILLINOIS 60604</b><br><b>ATTN: GREG J. DEIS, AUSA</b>   |  | Number Of Process To Be Served In This Case.   |   |
|  |  | Number Of Parties To Be Served In This Case.   |   |
|  |  | Check Box If Service Is On USA   |   |
| SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)<br><br><b>PLEASE SERVE VIA CERTIFIED MAIL.</b>   |  |  |   |
| Signature of Attorney or other Originator requesting service on behalf of<br><b>MARSHA McCLELLAN, AUSA</b>   |  | [ <input checked="" type="checkbox"/> ] Plaintiff<br>[ <input type="checkbox"/> ] Defendant  | Telephone No.<br><b>(312)353-5300</b>   |
|   |  | Date <b>6/20/08</b>  |   |
|  |  |  |   |
|  |  |  |   |
| SIGNATURE OF PERSON ACCEPTING PROCESS:    |  |  |   |
| <b>SPACE BELOW FOR USE OF HOMELAND SECURITY LAW ENFORCEMENT AGENCY</b>   |  |  |   |
| I acknowledge receipt for the Total # of Process Indicated.  | District of Origin No. _____   | District to Serve No. _____  | SIGNATURE OF AUTHORIZED AGENCY OFFICER:   |
| Date   |  |  |   |
| I hereby Certify and Return That I [ <input type="checkbox"/> ] PERSONALLY SERVED, [ <input type="checkbox"/> ] HAVE LEGAL EVIDENCE OF SERVICE, [ <input checked="" type="checkbox"/> ] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below. |  |  |   |
| [ <input type="checkbox"/> ] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.  |  |  |   |
| NAME & TITLE of Individual Served If not shown above:  |  | [ <input type="checkbox"/> ] A Person of suitable age and discretion then residing in the defendant's usual place of abode.              |   |
| ADDRESS: (Complete only if different than shown above.)  |  | Date of Service<br><br><div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto; text-align: center;">09/10</div> | Time of Service [ <input type="checkbox"/> ] AM<br>[ <input checked="" type="checkbox"/> ] PM |
|  |  | Signature, Title and Agency<br>                      |   |
| <b>REMARKS:</b><br>mailed certified mail, return receipt requested.  |  |  |   |
| Prepared by M. Watson  |  |  |   |

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|--|--|--|--|
| <p>1. Article Addressed to:</p> <p><i>Keith J. Scherer</i><br/> <i>attorney for Boris Ch. Zhukovskiy</i><br/> <i>6505 N. Arundale Dr., Ste. 200</i><br/> <i>Chicago, IL 60637</i></p>  |  | <p>A. Received by (Please Print Clearly) <i>Michael Stalg</i> B. Date of Delivery <i>7/1/08</i></p>  |  |
| <p>2. Article Number ( ) <i>7006 2760 0001 2324 4093</i></p>   |  | <p>C. Signature <i>[Signature]</i></p>   |  |
| <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> |  |
| <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>  |  | <p>PS Form 3811, July 1999</p>   |  |
| <p>Domestic Return Receipt</p>   |  | <p>102595-00-M-0952</p>  |  |